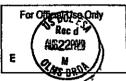
Öffice of Labor-Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30-2006

This report is mandatory under P L. 86-257 as amended Failure to comply may result in criminal prosecution fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

E PROPERTY.	
1 File Number, U 3209	2. Fiscal Year Covered From.
	01 / 01 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing	4 Name file number and address of labor organization.
Name Donna M Skaggs	Name Painters Local Union 1072
	Labor Organization Fite Number 052-62-7
PO Box, Bldg Room No If any	P O Box, Building and Room Number if any
Street 5010_Cannonsburg_Road	Street 2001 Pine Street
City Catlettsburg	City Kenova
StateK Y ZIP Code + 44 1_1 2-9	State ZIP Code + 4 2 5 5 3 0
5. Position in labor organization	
A. Held an interest in engaged in transactions (including loans) with or monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name if any) Name Trade Name if any P O Box, Bidg Room No if any	derived income or other economic benefit of on represents or is actively seeking to represent. 7 a. Nature of Interest, Transaction, or Income.
Street	7.5 Paragin.
City	
State ZIP Code + 4	
Signature	
15. Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief true correct, and complete. (See the section on penalties in the instructions)	
Signed Omna Maggo	On 8-1-1-05 (606)465-2016 Date Telephone Number

Name of Person Filling Donna M Skaggs	File Number U	
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested		
8. Name and address of Business (including trade name if any). Name Trade Name if any: P O Box, Bidg Room No. if any Street City State ZiP Code + 4 10 If 9 b. or 9 c. is checked give trust or employer's name Name Trade Name if any: P O Box, Bidg Room No if any Street City State ZiP Code + 4	9 Business deals with. a Labor Organization b Trust c. Employer 11 a Nature of such dealing 11 b Approximate dollar value of such dealing 12 a. Nature of interest held or income received	
	12.b Amount.	
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value		
13 a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name if any P O Box, Bidg Room No if any Street City State ZIP Code + 4	14 a. Nature of payment.	
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment.	